

# SWIM TEAM REGISTRATION

# Washington Borough Recreation Department

100 Belvidere Avenue, Washington, NJ 07882 (908) 689-3600 ex 136

**Non-Refundable Registration Fee: Ages 5 – 18**  
**Make checks payable to Borough of Washington**

**Washington Borough Resident \$55\***  
**Non-Borough Resident \$75\***

\* Fees Apply for all Boro Administered Programs up to and including the 2nd child (50% for 3rd child, no fee for 4th child and beyond)

**\*\* All participants must be able to swim the length of the pool\*\***  
Enrollment can be limited at the Recreation Department's discretion

**PLEASE PRINT NEATLY:** Swimmer's Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) or Guardian(s) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

PHYSICIAN	PHONE#
-----------	--------

**DENTIST** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**EMERGENCY CONTACTS:**

1. \_\_\_\_\_ PHONE # \_\_\_\_\_

2. \_\_\_\_\_ PHONE # \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES, MEDICAL OR OTHER CONDITIONS THAT MAY IMPACT PARTICIPATION:**

***PARENTS ARE ALWAYS NEEDED AS VOLUNTEERS FOR HOME SWIM MEETS!***

**\*\* See attached required Background Check form \*\***

I am willing to volunteer as (circle one)      hospitality worker                  marshal                  timer  
   meet official                  runner                  scorer

Circle level of NYSCA certification held and indicate in which sport(s) certification is held:

LEVEL:    0    1    2    3    Lifetime    Sport(s) \_\_\_\_\_

We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities.

We agree to return the uniform and any equipment issued to us and/or our child in the same conditions as issued, except for normal wear and tear, or agree to pay replacement costs before we and/or our child will be eligible for future participation in Washington Boro Recreation Department sponsored activities.

**In the case of an emergency, I give permission for the coach to call a doctor and/or send the player named above to a hospital or doctor's office.**

---

**PARENT/GUARDIAN SIGNATURE**

DATE \_\_\_\_\_

**Office Use Only: Fee paid \$** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Washington Borough Recreation

## Parent Consent to use of Child's

### Images on the Washington Borough Website

From time to time, the Recreation Program records digital images of players participating in youth sports activities sponsored by the Borough to document the activities that are offered to Borough youth through the Recreation Program. The Borough desires to post these images on its website to promote the Recreation Program and its activities to the community.

It is the Borough's intent to protect the privacy rights of our young players and their families by (1) prohibiting the posting of any young player's image or identifying information on its website without the express written permission of the player's parent(s); and (2) publishing young players' photos on the website only as a means of promoting the activities of the Recreation Program.

In furtherance of the Borough's goal of protecting the privacy rights of our young players and their families ***no identifying information (name, age, etc.) will be included with any child's picture.***

#### Consent to use of child's Image on Washington Borough Web Site, Please check one box

☐ Yes, the undersigned parent or legal guardian of \_\_\_\_\_ (player's name), agrees and consents to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

The undersigned retains the right to refuse the posting of any particular image of the above named player, and to request the removal of any image at any time by contacting: Washington Borough Recreation Dept. at (908) 689-3600 ex 136 RecSecretary@washingtonboro-nj.org.

☐ No, the undersigned parent or legal guardian of \_\_\_\_\_ (player's name), DOES NOT consent to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

---

Signature of Both Parents or Legal Guardians

Date

---

Printed name of Parents or Legal Guardians

## PARENT CODE OF CONDUCT

*New Jersey law allows municipalities to establish sportsmanship and fair play codes of conduct for players, parents, and coaches. The Washington Borough Recreation Department has established the following code for parents.*

I will show respect and good sportsmanship to all players, opposing players, coaches, referees and spectators. I will remind my child and members of my family not to be angry and critical towards players, coaches, referees or spectators and to show respect and good sportsmanship at all times. I understand that referees, players, and coaches try to do their best, but that they make mistakes just like I do.

I will follow the decisions of coaches and referees without criticizing them. I will not yell at, argue, spit, touch, shove, strike, kick, or threaten any coach, player, referee or spectator before, during, or after any game or practice. I will not strike or throw any object or take any other act of aggression if I am upset at a coach, player, referee or spectator. I will not try to deliberately hurt another person, or deliberately behave poorly, at any practice or game. I will not use foul language or make abusive remarks or gestures to players, coaches, referees, and spectators at games and practices.

I will not have in my possession any tobacco, alcohol, illegal drugs, knives, firearms or other weapons, or be under the influence of alcohol or illegal drugs, during any game or practice. I will not smoke or use any tobacco products at any game or practice. I pledge that my child is not using dietary supplements that could jeopardize his or her health.

By registering my child for the team, I have made a commitment for my child to attend practices and games and display good sportsmanship. I cannot expect my child to receive as much playing time as other players if I do not meet these commitments. I recognize that every child needs playing time and do not expect my child to play every minute of every game.

I understand that I can be immediately removed from a practice or game and that I and/or my child can be expelled from the team for the remainder of the season, if I behave poorly or fail to follow any part of this pledge. I understand that failure to sign this document and the accompanying PLAYER CODE OF CONDUCT will automatically preclude my child from participating in sporting activities sponsored by the Washington Borough Recreation Department.

---

**Parent / Legal Guardian Name (printed)**

---

**Parent / Legal Guardian Signature**

Swim Team  
**Team Sport**

---

**Date**

## PLAYER CODE OF CONDUCT

*New Jersey law allows municipalities to establish sportsmanship and fair play codes of conduct for players, parents, and coaches. The Washington Boro Recreation Department has established the following code for players.*

I am playing sports because it is healthy and fun. I will always try to help my team be successful, but I also understand that losing can teach me valuable lessons, just as winning does. I will come to all games and practices full of enthusiasm, ready to learn, to improve my skills, and to try my hardest. By registering to play for this team, I have made a commitment to attend practices and games and display good sportsmanship. I understand that I cannot expect to receive as much playing time as other players if I do not meet these commitments. I also recognize that every child needs playing time and do not expect to play every minute of every game.

I will show respect and good sportsmanship to my fellow players, opposing players, coaches, referees and spectators. I will remind my family not to be angry and critical towards players, coaches, referees and spectators and to show respect and good sportsmanship at all times. I will try my best not to sound angry or frustrated when I give advice to my teammates. I understand that referees, players, and coaches try to do their best, but that they make mistakes just like I do.

I will follow the decisions of coaches and referees without criticizing them. I will not yell at, argue, spit, touch, shove, strike, kick, or threaten any coach, player, referee or spectator before, during, or after any game or practice. I also will not slam a ball or container, strike or throw any object or take any other act of aggression if I am upset at a coach, player, referee or spectator. I will not try to deliberately hurt another player, or deliberately behave poorly, at any practice or game. I will not use foul language or make abusive remarks or gestures to players, coaches, referees, and spectators at games and practices.

I will not have in my possession any tobacco, alcohol, illegal drugs, knives, guns or other weapons, or be under the influence of alcohol or illegal drugs, during any game or practice. I will also remind members of my family not to use tobacco products or alcohol during any game or practice. I also pledge that I will not take any dietary supplements that could jeopardize my health.

I understand that I can be immediately removed from a practice or game, and expelled from my team for the remainder of the season, if I behave poorly or fail to follow any part of this code of conduct. I also understand that if I and my parent do not sign this document, I will not be allowed to play on the team.

\_\_\_\_\_  
**Participant's Name (printed)**

\_\_\_\_\_  
**Participant's signature**

\_\_\_\_\_  
**Parent / Legal Guardian Name (printed)**

\_\_\_\_\_  
**Parent / Legal Guardian Signature**

Swim Team  
Team Sport

\_\_\_\_\_  
**Date**

☐

MY CHILD AND I HAVE READ AND OUR FAMILY AGREES TO ABIDE BY THE WASHINGTON  
BOROUGH CODE OF CONDUCT

CONFIDENTIAL

# Background Check Authorization

\*\*\*All Information is required\*\*\*

Swim Team Parents are needed to volunteer at Home Swim Team meets. All volunteers 18 years old and older who are in contact with children must have a background check run before they work with children.

There is no cost to the volunteer.

Print Name \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ -- -- DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
(You will receive notification from Averty.com)

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **Washington Borough Recreation** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **Washington Borough Recreation** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Washington Borough Recreation and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_